

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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|------------------------|------------------------|
| Application Number | 10/772,163 |
| Filing Date | February 3, 2004 |
| First Named Inventor | Wilmer L. Sibbitt, Jr. |
| Art Unit | 3763 |
| Examiner Name | Laura Bouchelle |
| Attorney Docket Number | 0023.0016 |

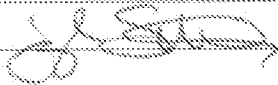
Total Number of Pages in This Submission

4

ENCLOSURES (Check all that apply)


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| <input type="checkbox"/> Fee Transmittal (pages) <input type="checkbox"/> Credit Card Payment Form (pages) <input type="checkbox"/> Reply to Office Action (pages) <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Petition for Extension of Time – 1 month(s) (1 page) <input type="checkbox"/> Information Disclosure Statement (pages) <input type="checkbox"/> Form PTO/SB/08B (pages) <input type="checkbox"/> Copies of Document(s) Listed on Form PTO/SB/08B <input type="checkbox"/> Response to Notice to File Missing Parts (pages) <input type="checkbox"/> Fully-Executed Declaration (pages) <input type="checkbox"/> Copy of Notice (pages) <input type="checkbox"/> Assignment Cover Sheet (pages) <input type="checkbox"/> Fully-Executed Assignment (pages) <input type="checkbox"/> Revocation of Power of Attorney, Grant of New Power of Attorney, and Change of Correspondence Address (pages) | <input type="checkbox"/> Drawings – FIGS. 1- (pages) <input type="checkbox"/> Petition (pages) <input type="checkbox"/> Terminal Disclaimer (pages) <input type="checkbox"/> Request for Refund (pages) <input type="checkbox"/> After Allowance Communication (pages) <input type="checkbox"/> Notice of Appeal (pages) <input type="checkbox"/> Appeal Brief (pages) <input type="checkbox"/> Status Inquiry (pages) <input checked="" type="checkbox"/> Other Enclosure(s): Response to Election of Species Requirement (2 page) Remarks: |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-------------------------------------------------------------------------------------|----------|--------|
| Firm Name | Isaacson, Irving, Stelacone & Prass, LLC | | |
| Signature |  | | |
| Printed Name | Jay A. Stelacone | | |
| Date | October 24, 2006 | Reg. No. | 42,168 |

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this Transmittal Form and the above-identified correspondence are being facsimile transmitted to the USPTO's Central FAX Number (571-273-8300) on the date shown below:

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| Signature |  | | |
| Typed or printed name | Angela Thumann | Date | October 24, 2006 |